MISSOURI INTERIOR DESIGN COUNCIL APPLICATION INSTRUCTIONS

This application package should contain the following:
BASIC (FOUR PAGE) APPLICATION, AUTHORIZATION AND RELEASE FORM, BUSINESS/EMPLOYMENT
VERIFICATION FORM, AND COMMERCIAL INTERIOR DESIGN REFERENCE FORM

GENERAL

A "registered commercial interior designer" is defined as an individual, registered with the State of Missouri, who holds the education and/or experience necessary to practice commercial interior design. Interior design includes, but is not limited to, preparation of documents and specifications relative to non-load bearing interior construction, furniture, finishes, fixtures and equipment.

"Council" is defined as the Missouri Interior Design Council.

"NCIDQ" is defined as the National Council for Interior Design Qualification.

"Diversified and appropriate" interior design experience shall mean experience that includes the practice of interior design for commercial or public spaces in no less than seven of the following areas: space planning; code research and analysis; client contact; programming; schematic design and design development; preparation of construction documents; cost estimating; selection of materials and furnishings; contract documents; bidding procedures; and construction observation.

All applicants for registration are required to complete a four page basic application. In addition, they must submit the supporting documents to verify education and experience.

All spaces of the application must be completed. If not applicable, please put N/A.

The application requires an **original** signature; copies are NOT acceptable. The application must be typewritten or printed in ink.

The basic application fee is \$75.00. The appropriate fee must accompany your application, and is NOT REFUNDABLE.

BEFORE SUBMITTING YOUR APPLICATION, MAKE CERTAIN YOU HAVE INCLUDED THE FOLLOWING:

☐ Application (SIGNED AND NOTARIZED)
Application fee of \$75.00 - Made payable to the Missouri Interior Design Council
☐ Official transcripts from accredited institutions
☐ Business/Employment Verification Form(s)
☐ Five (5) Client references in sealed envelopes
☐ Five (5) Industry references in sealed envelopes
☐ Authorization and Release Form (SIGNED AND NOTARIZED)
Follow the specific instructions herein and on the application form for completing each section.

SECTION A - PERSONAL INFORMATION

Complete all spaces. If not applicable, please put N/A.

You must provide your social security number pursuant to state law. Your social security number may be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; and c) to provide to the Division of Child Support Enforcement of the Department of Social Services. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

If the name shown on your application is different than shown on any supporting documentation, you must submit proof of legal name change such as marriage license, divorce decree or court order.

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SECTION B - CATEGORIES FOR REGISTRATION

Check the box that indicates your application category.

NOTE: Persons applying under category 3 (reciprocity) must complete all sections of the application including references.

SECTION C – EXAMINATIONS

The applicant shall contact the NCIDQ at:

1200 18th Street, NW

Suite 1001

Washington, D.C. 20036

Phone: (202) 721-0220 Fax: (202) 721-0221 E-mail: ncidq@ncidq.org

Instruct NCIDQ to verify exam passage and to send verification directly to the Missouri Interior Design Council, P.O. Box 1335, Jefferson City, Missouri 65102.

SECTION D - EDUCATION

It is the responsibility of the applicant to obtain OFFICIAL transcripts from appropriate institutions of higher learning and submit them with this application. Xerox or photocopies will NOT be accepted.

SECTION E - RECORD OF LICENSING INFORMATION

Complete all spaces. If not applicable, please put N/A.

If you are currently registered, licensed or certified within the profession in any jurisdiction, or are a registered architect in the State of Missouri, list all required information.

Registered architects in the State of Missouri must submit a current, original letter of good standing from the Missouri Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects.

SECTION F - PERSONAL HISTORY

All questions must be checked, either yes or no.

If applicant answers "YES" to guestions 1 - 3, submit documentation requested.

If applicant answers "NO" to question 4, submit documentation requested.

SECTION G – PRACTICAL EXPERIENCE

List the names and complete addresses of your current and previous employer(s) if the experience gained qualifies as "diversified and appropriate."

Applicant must submit the enclosed Business/Employment Verification Forms to present and/or prior employers to verify years of "diversified and appropriate" commercial interior design experience as required under the category selected in Section B. Applicant will complete Part I, and the employer will complete Parts II and III. Self-employed applicants will complete all sections of the verification form.

The verifications must be returned to the applicant in sealed envelopes with the employer's signature across the seal.

Applicants may make copies of the Business/Employment Verification Form as needed.

The Council will not accept different reference forms (client, industry or business verification) from the same individual.

SECTION H - CLIENT REFERENCES

List the names and complete addresses of five clients served by applicant while working for employers listed in Section F.

Applicant must submit the enclosed Commercial Interior Design Reference Form to each client listed in Section G. Applicant will check the appropriate box for client reference, and complete Part I. The client will complete Part II.

References must be returned to the applicant in sealed envelopes with the clients' signature(s) across the seal.

Applicants may make copies of the Commercial Interior Design Reference Form as needed.

Client references will not be accepted from prior employers if the employer is providing a business/employment verification form.

The Council will not accept different reference forms (client, industry or business verification) from the same individual.

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SECTION I – INDUSTRY REFERENCES

List the names and addresses of five industry references utilized while working for employers listed in Section F.

Applicant must submit the enclosed Commercial Interior Design Reference Form to each reference listed in Section H. Applicant will check the appropriate box for industry reference, and complete Part I. The industry reference will complete Part II.

References must be returned to the applicant in sealed envelopes with the industry references' signature(s) across the seal.

Applicants may make copies of the Commercial Interior Design Reference Form as needed.

References may not be from individuals at the applicant's current place of employment. Current co-workers/employers will not be accepted as industry references.

The Council will not accept different reference forms (client, industry or business verification) from the same individual.

SECTION J – AFFIDAVIT

The affidavit must be signed in the presence of a notary. The Council will not consider any application that is not signed and notarized. The application fee shall be forfeited if the applicant fails to comply.

Securely attach a passport quality photograph at the location requested.

AUTHORIZATION AND RELEASE

The authorization and release form must be signed in the presence of a notary. The Council will not consider any application in which the authorization and release form is not signed and notarized. The application fee shall be forfeited if the applicant fails to comply.

FEES

The initial application fee is \$75.00.

The applicant will be notified by mail of approval by the Council. The letter will detail the required registration fee that must be submitted prior to issuance of the registration. The registration will expire on August 31 of each even numbered year.

CONTINUING EDUCATION

Each registered commercial interior designer will be required to complete at least one unit every two years of approved or verifiable continuing education in interior design or architecture. Ten contact hours constitutes one continuing education credit.

ASSISTANCE

If assistance is needed, you may contact the Council by calling (573) 522-4683.

ADDRESS

Mail the completed application along with all required forms, sealed envelopes and application fee to:

Missouri Interior Design Council 3605 Missouri Boulevard P.O. Box 1335 Jefferson City, MO 65102

CHECK YOUR APPLICATION FOR ACCURACY AND COMPLETENESS!

MAKE SURE THAT THE APPLICATION FEE IS ENCLOSED!

KEEP A COPY OF THE APPLICATION AND MAINTAIN THE INSTRUCTIONS FOR FUTURE REFERENCE.

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INTERIOR DESIGN COUNCIL P.O. BOX 1335 JEFFERSON CITY, MO 65102-1335 PHONE: (573) 522-4683 FAX: (573) 526-3489

APPLICATION FOR REGISTRATION OF COMMERCIAL INTERIOR DESIGNERS

All spaces must be completed - please print in ink or type. This application must be accompanied by check or money order in the amount of \$75.00 made payable to the "Missouri Interior Design Council". Application fees are non-refundable. Review the instruction sheet before completing the application. SECTION A – PERSONAL INFORMATION LEGAL NAME OF APPLICANT (MR., MRS., MS.) SOCIAL SECURITY NUMBER DATE OF BIRTH MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED RESIDENCE ADDRESS: STREET COUNTY RESIDENCE TELEPHONE) BUSINESS NAME BUSINESS ADDRESS: STREET CITY COUNTY BUSINESS TELEPHONE BUSINESS FAX)) E-MAIL ADDRESS (IF APPLICABLE) SECTION B - CATEGORIES FOR REGISTRATION (PLEASE CHECK ONLY ONE OF THE FOLLOWING) Shall take and pass or have passed the examination administered by the National Council for Interior Design Qualification and: (a) Graduated from a five-year or four-year interior design program from an accredited institution and completed at least two years of diversified and appropriate interior design experience; or (b) Completed at least three years of an interior design curriculum from an accredited institution and has completed at least three years of diversified and appropriate interior design experience; or (c) Graduated from a two-year interior design program from an accredited institution and has completed at least four years of diversified and appropriate interior design experience; or ☐ Registered architect in the State of Missouri (Current) Architect Registration Number: _____ Expiration Date: _____ Certified, licensed or registered in another state or territory of the United States or foreign country as an interior designer. (See instructions) SECTION C - EXAMINATION If applicant has passed all sections of the NCIDQ examination, instruct NCIDQ to verify exam passage and send directly to the Missouri Interior Design Council. Applicant must complete the following: NCIDQ CERTIFICATE NUMBER INITIAL CERTIFICATION DATE

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SECTI			-	ы	CA'	1.1
SEUII	L T	VU		LU	UΑ	IV.

Indicate,	in chronol	logical of	order,	the n	ame a	and	address	of	each	ACCREDITED	college,	university	or	technical	school	and	the	information
requeste	ed in the fol	llowing	chart:															

NAME AND ADDRESS OF INSTITUTION(S)	YEAR (FROM - TO)	COURSE OF STUDY	YEAR GRADUATED	NAME OF DEGREE	*INTERIOR DESIGN CREDIT HOURS

*APPLIES ONLY TO THOSE APPLYING UNDER CATEGORY 1(B).

OFFICIAL TRANSCRIPTS FROM EACH SCHOOL SHALL ACCOMPANY THIS APPLICATION.

SECTION E - RECORD OF LICENSING INFORMATION

List other licenses within the profession in other jurisdictions in which you are licensed or registered.

JURISDICTION	PROFESSION NAME	REGISTRATION NUMBER	DATE OF ISSUANCE	LICENSE STATUS (ACTIVE, LAPSED, ETC.)

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS 1) Have you ever been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a statement for each conviction including date and place of conviction (even if imposition of sentence was suspended), nature of the offense and if applicable, the date of discharge from any penalty imposed. 2) Have you been denied a professional license, certification, or permit, or privilege of taking an examination, or had a professional license, certification, or permit disciplined in any way by any licensing authority in Missouri or elsewhere? If yes, attach a detailed explanation. 3 Have you ever been discharged other than honorably from the armed services or from a city, county, state or federal position? If yes, attach a detailed explanation. 4) Are you a U.S. citizen? If not, please attach explanation of residency status.

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LEGAL NAME OF APPLICANT	
SECTION H – CLIENT REFERENCES	
List 5 client references. Submit references on Commercia	al Interior Design Reference forms. (See instructions)
NAME OF CLIENT	ADDRESS
1)	
2)	
3)	
4)	
5)	
SECTION I – INDUSTRY REFERENCES	
List 5 industry references. Submit references on Comme	rcial Interior Design Reference forms. (See instructions)
NAME OF VENDOR	ADDRESS
1)	
2)	
3)	
4)	
5)	
SECTION J – AFFIDAVIT	
I hereby certify that all statements made by me on this ap cause forfeiture on my part of rights for registration in Mis	plication are true and I agree that any misrepresentation of material facts herein wil ssouri.
SIGNATURE OF APPLICANT	

COUNTY (OR CITY OF ST. LOUIS)		NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL
STATE		
SUBSCRIBED AND SWORN BEFORE ME, THIS		
DAY OF	YEAR	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

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AUTHO	ORIZATION AND RELE	ASE
LEGAL NAME OF APPLICANT		
I,associated, to furnish the Missouri Interior Design Council they have on record or otherwise, and do hereby releas all liability for any damage whatsoever incurred by me a	cil with any information concerning the the individual, company or ins	stitution and all individuals connected therewith from
SIGNATURE OF APPLICANT		
COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	
STATE		
SUBSCRIBED AND SWORN BEFORE ME, THIS		
DAY OF	YEAR	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

ATTACH A
PASSPORT
QUALITY
PHOTOGRAPH
HERE

NOTE TO ALL APPLICANTS FOR REGISTERED COMMERCIAL INTERIOR DESIGNER IN MISSOURI:

In accordance with procedures established by the Missouri Interior Design Council, no application for Registered Commercial Interior Designer will be processed unless accompanied by the above authorization and release, properly signed.

SECTION G - PRACTICAL EXPERIENCE (SEE INSTRUCTIONS FOR COMPLETION OF BUSINESS/EMPLOYMENT VERIFICATION FORMS) FULL NAME AND COMPLETE CURRENT ADDRESS FULL **PART** OF EMPLOYER DATES OF EMPLOYMENT TIME TIME (CHECK ONE) (BEGIN WITH MOST RECENT) FROM: TO: FROM: TO: TO: FROM: FROM: TO: FROM: TO: FROM: TO: FROM: TO: FROM: TO: FROM: TO: FROM: TO:

INTERIOR DESIGN COUNCIL P.O. BOX 1335 JEFFERSON CITY, MO 65102-1335 PHONE: (572) 522, 4692

PHONE: (573) 522-4683 FAX: (573) 526-3489

PART I – TO BE COMPLETED BY THE APPLICANT								
APPLICANTS NAME								
EMPLOYER'S NAME								
BUSINESS NAME								
PERIOD OF EMPLOYMENT {USE EXACT DATES (MONTH/YEAR)}								
FROM	TO							

PART II – TO BE COMPLETED BY THE EMPLOYER

As a requirement for registration in the State of Missouri, the applicant must provide proof of diversified and appropriate interior design experience for each year of qualifying experience. Please refer to the following definition when evaluating the applicant's experience.

"Diversified and appropriate interior design experience" shall mean experience that includes the practice of interior design for commercial or public spaces in <u>no less than seven</u> of the following areas: space planning; code research and analysis; client contact; programming; schematic design and design development; preparation of construction documents; cost estimating; selection of material and furnishings; contract documents; bidding procedures; and construction observation.

"Interior Design" includes, but is not limited to, preparation of documents and specifications relative to non-load bearing interior construction, furniture, finishings, fixtures and equipment.

"One year of experience" shall mean not fewer than one thousand eight hundred (1800) clock hours.

Please circle the level of experience the applicant gained in each area of interior design during her/his employment.

	S=Substantial		I A=Adequate		M=Minimal	N=No Experience
s	Α	M	N	Space plan	ning	
s	Α	М	N	Code resea	rch and analysis	
s	Α	М	N	Client cont	act	
s	Α	М	N	Programmi	ng	
s	Α	М	N	Schematic	design and design dev	velopment
s	Α	М	N	Preparation	n of construction docu	ments
s	Α	М	N	Cost estim	ating	
s	Α	М	N	Selection o	f materials and furnish	nings
s	Α	М	N	Contract de	ocuments	
s	Α	М	N	Bidding pro	ocedures	
s	Α	М	N	Construction	on observation	

I certify that	(APPLICAN		has been employed by me or the firm as
	(u · 2.3 u ·	from	through
	(TITLE OF POSITION HELD)		through {EXACT DATE OF EMPLOYMENT (MONTH/YEAR)}
This employment was:	☐ Full time ☐ Part time		
If employment was Part ti	me, please attach a separate	sheet detailing the number	of hours the applicant worked per year.
In EACH of the years of e	employment with your firm, did	the applicant gain "diversi	fied and appropriate" experience in commercial interio
design (as defined on pag	ge 1)?		
If no, please list the years	s that do not include "diversifi	ed and appropriate" expe	rience.
From	To		
From	To		
From	To		
FIRM NAME			FIRM TELEPHONE NUMBER
FIRM'S STREET ADDRESS			
CITY/STATE/ZIP			
SUPERVISOR'S SIGNATURE			SUPERVISOR'S TITLE
PRINT NAME			DATE SIGNED
IS THE EVALUATOR NCIDQ CERTIFI	IED?		NCIDQ CERTIFICATION NUMBER OF EVALUATOR
IS THE EVALUATOR A LICENSED/RE YES NO	EGISTERED ARCHITECT OR REGISTERED	COMMERCIAL INTERIOR DESIGNER?	LICENSE NUMBER/STATE
☐ THIS APPLICANT IS RECO	MMENDED FOR REGISTRATION AS A	A REGISTERED COMMERCIAL IN	TERIOR DESIGNER.
☐ THIS APPLICANT IS NOT R	ECOMMENDED FOR REGISTRATION	I BECAUSE:	



PLEASE CHECK ONE OF THE FOLLOWING: ☐ CLIENT REFERENCE

☐ INDUSTRY REFERENCE

INTERIOR DESIGN COUNCIL P.O. BOX 1335 JEFFERSON CITY, MO 65102-1335 PHONE: (573) 522-4683

FAX: (573) 526-3489

COMMERCIAL INTERIOR DESIGN REFERENCE FORM PART I - TO BE COMPLETED BY THE APPLICANT REFERENCE NAME REFERENCE BUSINESS/FIRM NAME REFERENCE BUSINESS ADDRESS REFERENCE BUSINESS PHONE PART II - TO BE COMPLETED BY THE REFERENCE The individual named above has made application with the Missouri Interior Design Council for registration as a registered commercial interior designer and has listed you as a reference. In order that the Council might have sufficient information to assess the applicant's qualifications, you are requested to provide answers to the following questions. Please return the completed form to the applicant in a <u>sealed</u> envelope with your <u>signature across the flap</u> in order that it may be included with the application to the Council. Your prompt attention is appreciated. Please refer to the following definition when answering questions. "Diversified and appropriate interior design experience" means experience that includes the practice of interior design for commercial or public spaces in no less than seven of the following areas: space planning, code research and analysis, client contact, schematic design and design development, preparation of construction documents, cost estimating, selection of materials and furnishings, contract documents, bidding procedure, and construction observation. 1. YOUR BUSINESS RELATIONSHIP TO THE APPLICANT: 2. NUMBER OF YEARS YOU HAVE KNOWN THE APPLICANT: 3 BRIEFLY DESCRIBE A COMMERCIAL INTERIOR DESIGN PROJECT IN WHICH YOU WERE INVOLVED WITH THE APPLICANT 4 HOW WOULD YOU EVALUATE THE APPLICANT'S COMMERCIAL INTERIOR DESIGN WORK?

			YES	NO
			(CHECH	(ONE)
5. Do you feel the applicant possesses adequate technical kn	nowledge to practice commercia	al interior design?		
6. Do you feel the applicant has had adequate "diversified and	d appropriate" commercial inter	rior design experience?		
7. Would you recommend this person for registration?				
IF YOU ANSWERED NEGATIVELY ON ANY OF THE ABOVE QUESTIONS, PLEASE EXPL	AIN (ATTACH ADDITIONAL PAGES IF NECE	SSARY):		
UNDER PENALTIES OF PERJURY, I DECLARE THAT TO T CORRECT AND COMPLETE.	THE BEST OF MY KNOWLEDO	GE THE INFORMATION PR	OVIDED I	S TRUE,
SIGNATURE OF REFERENCE		DATE SIG	NED	
PRINT NAME OF REFERENCE	TITLE			